

## A Message from the Executive Director:

**Brian Hepburn**



In the inaugural edition of this newsletter, I wrote about the unprecedented fiscal times in which we live. Unfortunately, these times continue.

Among the many actions MHA is taking is the March 2010 closure of the Upper Shore Community Mental Health Center in Chestertown. This was one of the

hardest decisions DHMH has had to make.

Yet when looking closely at the issue, there is a good rationale for this strategy. With the movement in recent history to treat consumers in the community – and the resulting reduction in the number of inpatient beds – state-run facilities have shifted their focus to treat forensic consumers and those in need of long term care. These are individuals who have been ordered by the judicial system either for treatment or to be evaluated for competency to stand trial; or sent by detention centers on certificates for inpatient mental health services.

Other actions MHA is taking are designed to preserve the integrity of the Public Mental Health System (PMHS.) This is a strong community system and is the safety net for many Marylanders with mental illness. With greater reliance on the community system, MHA has targeted cuts where there are private sector services available and services that support the needs of individuals in the community, reducing reliance on costly inpatient facilities.

We have made reductions in the number of beds available at the two state-run facilities for children -- RICA-Baltimore and RICA-Rockville. This is made possible due to an increase in wrap-around services that enable children with mental illness to receive community-based treatment. In addition there are available beds

in privately-operated residential treatment centers for children who need this level of care.

Core Service Agencies (CSA) – an essential component of the PMHS – have been asked to identify ways to curb costs. Two agencies on the lower shore – Somerset and Worcester – have merged into one. Others – while maintaining an independent presence – have begun to combine services. This is evident in Southern Maryland where CSAs in Calvert, Charles and St. Mary's counties share staff trainings, contract monitoring and other activities. CSAs have also sustained another round of cuts in contracts for services and administration.

Another cost-saving measure is a tightening of the review and approval process for those seeking services in the PMHS.

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### **MHA Motion**

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## A Message from the Executive Director *Continued*

Value Options, our new administrative services organization, is making sure that those who receive care truly need it – and receive the most appropriate level of care.

At this point we hear that FY 11 will be very challenging. Please remember that any action we take is guided by the principle to keep Maryland's PMHS operating as efficiently and effectively for as many consumers as possible.

Thank you for your understanding in these tough financial times and thank you for everything you do for Maryland's consumers. The great services we provide would not be possible without you!

*Brian Hepburn, M.D.  
Executive Director*

## Governor O'Malley Creates Suicide Prevention Commission

*400 advocates erupt in applause when told the news*

Governor Martin O'Malley signed an Executive Order on October 7 to create a Maryland Commission on Suicide Prevention.

The creation of the commission was spurred in part by a suggestion from an advocate at a Town Meeting held by Governor O'Malley in 2009. The need was reinforced by Maryland Vital Statistics Administration data that show there were 492 deaths in Maryland attributed to "intentional self-harm," or suicide in 2008. Of this number, 471 suicides were within the adult

and older adult populations. Data further show that in the first eight years of this decade (2000-2007) there was an average of five suicide completions in Maryland every four days

"The tragedy behind each of these deaths is that suicide is largely preventable," Governor O'Malley said. "All too often suicide and its warning signs are rarely discussed or even considered. Most people who complete suicides had contact with a health professional within a year of their death -- and the opportunity to intervene went unnoticed or the intervention was insufficient."

A hearty round of applause erupted when DHMH Deputy Secretary Renata Henry told a group of more than 400 suicide prevention advocates about the new commission at a Youth Suicide Prevention conference held in Baltimore County on the same day as the announcement.

"This commission is not just about youth," Deputy Secretary Henry told the gathering. "It is about people of all ages who may be at risk of suicide, including our returning war veterans."

The 21-member commission will be comprised of members from various state departments, the Legislature and advocacy organizations along with a family member of an individual who completed suicide and a suicide survivor.

The chair of the group, appointed by the Governor, will guide the commission's development of a comprehensive, coordinated and strategic plan for suicide prevention, intervention, and post-suicide services across the

state – for individuals and their families. The commission will also develop a baseline listing of existing support systems for survivors, those who attempt suicide and their families, as well as promote a coordinated, collaborative and comprehensive effort by local and state agencies to ensure effective and efficient use of the state and local resources allocated to fund the effort.

The commission will produce a two-year plan that establishes priorities and strategies to organize, deliver and fund relevant state services. In doing so, commission members should identify the needs of the general public – as well as the criminal justice population – and identify strategies and priorities established by local jurisdictions. The plan shall be submitted to the Governor by June 1, 2011 and biannually thereafter.

A copy of the Executive Order may be found at [http://www.dhmh.state.md.us/pressreleases/pdf/EO\\_01\\_01\\_2009\\_13\\_Exec\\_Order\\_00001.pdf](http://www.dhmh.state.md.us/pressreleases/pdf/EO_01_01_2009_13_Exec_Order_00001.pdf)

## Maryland Receives \$9M Mental Health Grant

*Eastern Shore youth in foster care to benefit from six-year award*

In October, Maryland was awarded a six-year, \$9 million grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to expand programs to meet children's mental health needs on the state's Eastern Shore, according to the departments of Health and Mental Hygiene (DHMH) and Human Resources (DHR).

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## Maryland Receives \$9M Mental Health Grant *Continued*

The grant, to help serve children in Maryland's foster care system, was submitted by the two departments in partnership with Talbot County, on behalf of the nine Eastern Shore counties. It is a companion grant to an \$8.5 million SAMHSA award received last year to improve mental health outcomes for foster care youth in Baltimore City.

"Up to now, one-third of Shore youth in foster care were placed outside of the region," said DHR Secretary Brenda Donald. "This new grant means these children can access necessary mental health services in their home communities."

Grant funds will be used to expand and support "wraparound" services that provide a comprehensive array of home and community based services to maximize the strengths of families, natural support systems and community resources. These services are different from traditional "one size fits all" programs and provide an alternative to expensive residential care.

"This collaboration between DHMH and DHR creates a continuum of mental health services that meet the needs of children in foster care," said DHMH Secretary John M. Colmers. "It builds upon last year's award to Baltimore City and gives us the ability to concentrate efforts on addressing mental health treatment challenges common to rural communities."

The funds will enable the state to build upon the strengths of Maryland's Public Mental Health System and DHR's successful signature child welfare initiative, Place Matters. Both promote safety, focus on family strength, permanency and community-based services for children and families in the child welfare system in the least restrictive settings.

The nine counties to benefit from this grant are Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico and Worcester.

Maryland's Eastern Shore faces cultural and geographic challenges common in rural jurisdictions such as poverty, isolated communities, inadequate access to care, and significant stigma associated with mental health care. A lack of available mental health care professionals is also an issue. Seven of the nine counties have been designated in full as Health Professional Shortage Areas for Mental Health by the federal Health Resources and Services Administration

The Maryland Department of Health and Mental Hygiene is a public health department whose goal is to improve the health status of every Maryland resident and to ensure access to quality health care. The department is responsible for helping each person live a life free from the threat of communicable diseases, tainted foods, and dangerous products. To assist in this mission, DHMH regulates health care providers, facilities, and organizations, and manages direct services to patients where appropriate.

The Maryland Department of Human Resources serves 500,000 people in need each year. The agency provides foster care, adoption and

protective services to children and temporary cash assistance, food stamps and medical assistance to families in need. In addition, the agency administers programs for homeless persons, refugees, migrant workers, victims of crime and women who are displaced, battered or assaulted. It is Maryland's fourth largest agency.

## Maryland is One of Seven States to Receive Mental Health Grant

Maryland is one of seven states to receive an award from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for integrated home and community-based services and supports for youth and young adults with serious mental health challenges and their families, according to DHMH.

The Healthy Transitions Initiative will bring \$480,000 a year for five years into Maryland to help meet the needs of young adults with mental illness transition into full adult roles. State mental health officials will use the funds to design and implement a system of care network of services to assist this population. The system will build upon Maryland's evidence-based practices in supported employment and assertive community treatment to create the network of services that will be piloted in Frederick and Washington counties.

"This program helps young Marylanders who already face serious life challenges become successful and productive adults," said DHMH Secretary John M. Colmers "We're helping families and saving dollars by providing the skills, knowledge, and training

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## Maryland Receives Mental Health Grant *Continued*

these young people need at this critical point in their growth as they transition from school to meaningful employment and independent living.”

The grant began in October and is implemented through the department’s Mental Hygiene Administration. Continuation of these awards is subject to both availability of funds and progress achieved by the awardees. This grant program will be administered by SAMHSA’s Center for Mental Health Services.

### Dr. Hepburn Is Presented With NAMI Award

MHA Executive Director Dr. Brian Hepburn was presented with a public service award by NAMI Maryland, the National Alliance on Mental Illness of Maryland, during the organization’s 27th Annual Statewide Conference on October 27.

“It is quite an honor to receive this award,” Dr. Hepburn said. “NAMI Maryland plays an integral role in Maryland’s Public Mental Health System. This recognition by one of our primary partners – although officially presented to me -- shows the work done by MHA as a whole is well respected and appreciated.”

Dr. Hepburn has been the executive director of the Mental Hygiene Administration (MHA) since 2002. He came to MHA in 1996 as the medical director.

“When NAMI Maryland members have concerns, regarding an issue or policy Dr. Hepburn is always willing to sit down and discuss a concern or investigate a situation,” said NAMI Maryland Executive Director Lynn Albizo. “Even when we have critiques, he respects NAMI.”

According to Ms. Albizo, Dr. Hepburn has been very supportive of NAMI programs and the organization’s participation in state mental health issues. His support of NAMI Maryland’s Peer to Peer and Connection support groups has been instrumental in making the service available to consumers statewide. In addition, he has been an enthusiastic supporter and partner of NAMIWalks, an annual awareness event held every May that has grown from year to year.

In the spring, Maryland was ranked by national NAMI as among the top six states for delivery of care to adults who have a serious mental illness. This annual report card noted Maryland is a national leader in several areas, including support of consumer empowerment, collaboration with consumer and advocacy organizations, and in a wellness and recovery approach to mental health services.

## Mental Health First Aid Manual Is Published

An important milestone in the Mental Health First Aid (MHFA) movement has been achieved with the publication of a manual adapted from an Australian program for use in the United States. The adult manual and training package has been developed for American audiences by the MHFA projects in Maryland and Missouri and by the National Council for Community Behavioral Health (National Council). The group collectively is known as Mental Health First Aid - USA (MHFA-USA).

All MHFA programs in the U.S. will use the new training materials, developed with the support of the federal Substance Abuse and Mental Health Administration’s (SAMHSA) Transformation State Incentives Grants in Maryland and Missouri, and the National Council.

Maryland was the first state to introduce the MHFA concept to the U.S. in January 2008 when DHMH Secretary John M. Colmers announced program developers Betty Kitchener and Anthony Jorm would come to Maryland to conduct training sessions.

From that point forward, it was known that the MHFA manual needed to be adapted for American audiences due to the differences in culture and health care delivery between the United States and Australia. The developers granted permission to DHMH, the Missouri Department of Mental Health and the National Council for Community Behavioral Healthcare to reproduce and update their materials for use in this country.

## First Aid Manual

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The revised manual has benefited from the input of a number of key stakeholders, including seven consumer advocates of national stature, identified and consulted through On Our Own of Maryland. A revised youth manual or supplement is also being considered.

The Maryland and Missouri MHFA teams and the National Council are working collaboratively to synchronize the effort into a nationwide Mental Health First Aid-USA. This action includes coordinated trainings and materials, a national Web site, and a results-oriented evaluation funded by SAMHSA.

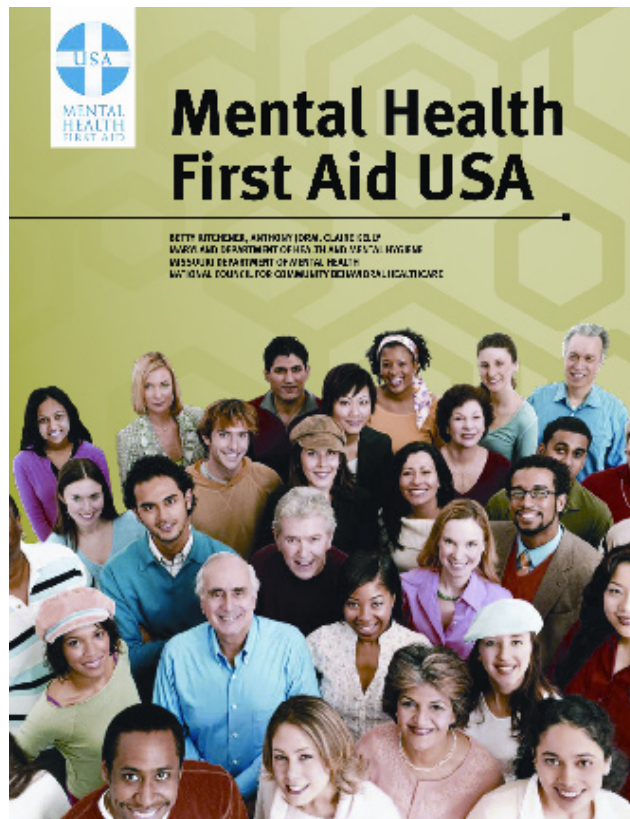
The basic idea behind the MHFA initiative is that members of the general public can be trained to respond to mental health problems and emergencies experienced by others before appropriate assistance can arrive.

"Many of us have basic first aid skills, but do not know how to help someone who is experiencing a problem with their mental health," Secretary Colmers said. "Similar to CPR, with the appropriate training, the general public can spot important warning signs of individuals needing acute mental health care, stabilize the situation and direct people to the help they need."

It is analogous to traditional first aid, which trains members of the general public to be first responders to physical injuries requiring medical attention. Those trained in MHFA participate in a 12-hour course. To date, almost 1,200 Marylanders have been trained.

MHFA does not teach people to act as therapists. Instead, it teaches them how to recognize the symptoms of mental health problems, to provide initial help, and to guide a person experiencing mental health problems to appropriate professional help or peer support, as appropriate. MHFA represents an important public health intervention which will reduce the number of people experiencing mental health problems without any support and prevent mental health crises from worsening.

In Maryland, MHFA is being implemented through a partnership between MHA and the Mental Health Association of Maryland (MHAMD). For further information about the program, please contact Daryl Plevy at [dplevy@dhmh.state.md.us](mailto:dplevy@dhmh.state.md.us) or 410-402-8348. For information about upcoming trainings, to order a manual or for questions about other aspects of MHFA, please contact Lea Ann Browning McNee of MHAMD at [lbmcnee@mhamd.org](mailto:lbmcnee@mhamd.org) or 410-235-1178 extension 209.



## Wicomico, Somerset CSAs merge

In an answer to the need to identify cost-saving measures, core service agencies (CSA) in Somerset and Wicomico counties merged into the Wicomico Somerset Regional CSA, effective in October.

"It is a natural transition," said Cicely McElwain, director of the former Wicomico core service agency and of the newly formed CSA. "The two CSAs shared many of the same providers – all of the providers in Somerset County are also providers in Wicomico."

Ms. McElwain also noted the merger will help make for stronger grant applications since the population base will be larger. She said additional cost savings will be realized through a sharing of training activities with nearby Worcester County.

This is a tactic used in Southern Maryland as well, where Calvert, Charles and St. Mary's counties have combined a number of administrative activities to help save money. In addition to combined trainings, the tri-county group will share in contract monitoring.

Core Services Agencies are located across the state and plan, develop, and manage a full range of treatment and rehabilitation services for persons with serious mental illness. The merger lowers to 19 the number of CSAs in Maryland.



## Conference Attendees Learn About Active Minds

More than 400 people gathered at the 21st Annual Suicide Prevention Conference on October 7 to hear keynote speaker Alison Malmon, founder and executive director of Active Minds, talk about why she formed the student-led mental health organization.

Ms. Malmon, who grew up in Suburban Maryland and graduated from the University of Pennsylvania in 2003, lost her older brother to suicide when she was a freshman in college. Looking for a way to turn tragedy into something positive, she founded a support group at Penn which was incorporated into Active Minds shortly after her graduation. Since that time, more than 200 chapters of the nonprofit organization have formed on college campuses across the U.S.

The organization works to fight the stigma that surrounds mental health disorders and raises awareness through education and support. It provides a forum for people to tell their stories, much as Ms. Malmon does on a regular basis.

Another highlight of the day-long conference was a special presentation in memory of Carol Lee Tolzman, who passed away in August. Susan Driscoll, along with Lisa Hurka-Covington, Paige Gilmore and Betty Schmedes led the tribute, which included a short video presentation. A mother of five children, Ms. Tolzman lost a 12-year-old son to suicide in 1985. From that point forward, she became an active advocate for youth suicide prevention, helping to educate parents and students. She told her story on radio and

television and was written about in newspapers and magazines. She helped to get emergency phones installed on Maryland bridges and was involved with the passage of the anti-bullying legislation, the Safe Schools Reporting Act of 2004. Ms. Tolzman was the backbone and vice president of SPEAK (Suicide Prevention Education Awareness for Kids.)

Eight other individuals were honored at the conference with either certificates of appreciation or Governor's Proclamations. Those receiving proclamations included Dr. Alex Crosby, Linda Fauntleroy and Dr. Sean Joe. Pamela Cooperman, Dr. Mary Cwik, Rashada Forman-Bey, Christine Johnson and Kay Lawal Muhammad each received certificates of appreciation.



*Alison Malmon, founder and executive director of Active Minds, delivers the keynote address.*



*Those presented with either Governor's Citations or Certificates of Appreciation include: (front row, from left) Dr. Alex Crosby, Linda Fauntleroy, Dr. Sean Joe, Dr. Mary Cwik; (back row, from left) Christie Johnson, Pamela Cooperman, Rashada Forman-Bey, Henry Westray, Kay Lawal-Muhammad.*

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*From the left, Betty Schmedes, Lisa Hurka-Covington and Paige Gilmore took part in a special presentation held in memory of Carol Lee Tolzman. Ms Tolman, who passed away in August, was described as the backbone and served as vice president of SPEAK (Suicide Prevention Education Awareness for Kids).*



*Henry Westray uses a prop to remind conference attendees to turn off or place cell phones on quiet mode.*

*Lisa Hurka-Covington offers thanks after Deputy Secretary Renata Henry made a surprise announcement that Governor O'Malley had issued an Executive Order creating a Commission on Suicide Prevention.*



*Students from Anne Arundel County's Old Mill High School Drum Band provided the lunchtime entertainment.*

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*Numerous breakout sessions were held during the conference. Some of the presenters included (top left) Dr. Jeffrey Lating, who discussed Crisis and Stress Management; (top center) Nikole Jones, who was part of a panel that presented an update on Veterans Initiatives; (right) Eugene Fields, a member of a panel that focused on Compassionate Responses; (bottom left) Dr. Sean Joe, who spoke about Atypical Suicide and Violence; and (bottom right) Thee Hickman, who provided expertise on the topic, Turn Downsizing into Opportunity.*





## Transformation Effort Receives praise from Feds

While opening presentations to the members of the state's Transformation Workgroup focused on the economic challenges that face Maryland, the Transformation effort was given a pat on the back at the recently-held meeting of the group.

Susan Stromberg, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) project officer for the Maryland Transformation grant, greeted attendees at the October meeting by acknowledging the high level of excitement about Transformation among the state's mental health stakeholders. After discussing some recent SAMHSA grant awards to Maryland, she expressed her own enthusiasm for working with MHA and its stakeholders. She cited the state's mental health advocacy and consumer organizations as important factors in its successful competition for SAMHSA grants.

DHMH Secretary John M. Colmers told the more than 100 attendees of his gratitude for



*Susan Stromberg cited the state's mental health advocacy and consumer organizations as important factors in its successful competition for SAMHSA grants.*



*DHMH Secretary John M. Colmers provided opening remarks at the Transformation Working Group meeting.*

their support. While the times are difficult economically, the opportunity arises to make needed changes in service delivery and the overall mental health system. He pointed out Maryland's national leadership in areas such as consumer participation in mental health policymaking, promotion of wellness and recovery, and integration of mental health and physical health care. He saluted MHA for its successful competition for federal grants, reflecting federal recognition of the state's track record in the area of public mental health care. He described the state's successful Mental Health First Aid initiative as emblematic of Transformation in Maryland, which is the first state in the country to launch such a program.

Renata J. Henry, the department's deputy secretary for Behavioral Health and Disabilities (BHD), talked about the state's participation in SAMHSA's National Policy Summit on Disparities, which has energized the state's activities in the areas of reducing disparities in behavioral health. She also described a series of four regional meetings held in late summer

to improve coordination among the BHD administrations (MHA, the Developmental Disabilities Administration, and the Alcohol and Drug Abuse Administration) and efforts to remove barriers that are sometimes encountered by Marylanders with co-occurring disabilities. She emphasized that improved integration of these administrations is of critical importance at a time of state revenue shortfalls and budget reductions."

Before breaking for an afternoon of breakout sessions, workgroup members heard presentations on recovery and housing issues.

Dr. Eileen Hansen, director of programs for the Mental Health Systems Collaborative and Jennifer Brown, director of training and communication for On Our Own of Maryland, talked about recovery. Included in their discussion was how Transformation funds have been used to promote the issue of recovery among Maryland providers. They also announced that four providers have been selected to participate in intensive

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*DHMH Deputy Secretary Renata J. Henry discussed the state's participation in SAMHSA's National Policy Summit on Disparities.*





*Eileen Hansen (left) and Jennifer Brown talked about recovery.*



*Maryland Department of Disabilities Secretary Cathy Raggio was part of a panel discussion that provided an update on housing initiatives.*



*Lissa Abrams (right) and Mary Mastrandrea, chief executive officer of Value Options Maryland, provided an update on the transition to Value Options as the Administrative Services Organization for MHA.*

## Transformation Effort

*Continued*

recovery-oriented training: Alliance, Arundel Lodge, Johns Hopkins Bayview, and Humanim. Each provider will be given monthly on-site training for its staff and consumers by a variety of expert presenters. These four programs will be given the resources to serve as models and mentors for other Maryland provider agencies.

Department of Disabilities Secretary Cathy Raggio, along with Steve Day and Lisa Sloane of TAC (Technical Assistance Collaborative), discussed housing. A portion of their discussion reviewed some of the barriers faced by people with mental illness who are seeking affordable housing, including a federal housing policy that does not give priority for people with disabilities. Several promising local housing initiatives in Maryland, including programs in Anne Arundel and Montgomery counties as well as Baltimore City, were noted.

## SAVE THE DATE

Saturday, May 1

## NAMIWalks for the Mind of America

There will be two walks  
-- one in Baltimore  
and one in College Park

For more information  
contact John Hammond  
at 410-402-7517

[hammondj@dhhm.state.md.us](mailto:hammondj@dhhm.state.md.us)



## Information for Employees – Nine Strategies for Managing Anxiety

Do you worry excessively? Johns Hopkins provides nine strategies to help you to take control of your anxiety.

We live in anxious times, full of bad news. We worry about our families, our country, our basic health and safety. But while a bit of worry can be a good thing – such as steering us away from unreasonable risks – free-floating anxiety can be paralyzing, unproductive, and self-defeating. If you think that you, or someone you love, has an anxiety disorder, then therapy or medication may help. But even if you're in treatment, or you're bedeviled by over-worrying that doesn't warrant treatment, the following tips may help you deal with anxiety.

**#1: Notice and name.** The first step is to identify your patterns. What specific triggers are linked to your anxiety? Notice what sets your anxiety in motion, and give it a name. Once you bring it into the forefront of your consciousness, you can begin to make sense of it and then to address it.

**#2: Develop a plan.** Many of us run ourselves ragged by not addressing our worries. An example: We're afraid of getting breast cancer, but we don't schedule a mammogram - we spin our wheels. Write down your specific worry, and develop a plan to address it. Tackle one or two worries at a time. Once you've completed those, go on to the next. This task-oriented process can give you a feeling of satisfaction; more importantly, it makes you feel less vulnerable, more in control of your life.

**#3: Move.** Exercise is one of the best available self-treatments for anxiety. It doesn't matter whether you go for a walk, join a water aerobics class, dance, play tennis – what does matter is that you get regular exercise, at least every other day. Whenever one of those cycles of ruminative worry hits, even simple exercise – minor housecleaning, a few minutes of gardening, some simple stretching, even getting up and walking around for five minutes - can help jog you out of that negative feedback loop.

**#4: Breathe.** A number of breathing techniques can alleviate anxiety. Many people find that when they're anxious, they breathe shallowly, from the upper chest. When breathing is fast and shallow, there is an increase in heart rate, blood pressure and stress hormones. Anxious people might even hold

their breath. Instead, take a few moments and simply notice your breathing patterns. After a few breathing cycles, take a deep breathe. Let your belly be soft and relaxed, and breathe from the lower abdomen. Repeat – and use this technique any time you notice that you're tense or worried.

**#5: Nurture your spirit.** Meditation and prayer trigger the relaxation response, helping calm the mind and body. Even the simplest of prayers or affirmations can help you let go of a worry and put everyday problems into perspective.

**#6: Reframe your thoughts.** Free-form anxiety often is triggered or accompanied by a litany of negative internal “chatter”. The good news is: the brain is an adaptive organ, and it is possible to break out of the negative mode. It takes patience and persistence. The first step is to notice when the negative labels start bouncing around in your mind. In a non-judgmental manner, notice that your thinking is following a particular track. Next, talk to yourself in a constructive and rational manner. What would you say to a good friend in this instance? Say the same thing to yourself.

**#7: Watch the toxins.** Many people use alcohol, caffeine, and nicotine as short-term solutions for anxiety. The difficulty is that self-medicating with these substances only creates more problems in the long run. Break the cycle. Similarly, be careful with comfort foods – too much of a good thing can make you miserable.

**#8: Don't watch the news.** Use discretion with television, newspapers and other sources of news. It is important to know what's going on in the world, but our current culture – “all news, all the time” that highlights disasters in endless replay – can easily trigger or feed anxiety.

**#9: Don't worry alone.** In the absence of realistic feedback, we can spin some creative doomsday scenarios. If something is troubling you, get a reality check. Consult someone you trust – a friend, family member, or a religious advisor. Anxiety often diminishes when we share our worries, and practical solutions may emerge during the conversation.

*Editor's note: From the on-line Johns Hopkins Health Alerts. Thanks to Tom Franz, assistant director of Behavioral Health Disaster Services, for compiling this information.*